

471-000-508 Nebraska Medicaid Hearing Aid Fee Schedule

HEARING AID SERVICES V5000 – V5999

Note: Prior to using information provided in this fee schedule, review the following on-line tools for the latest in hearing aid policy and billing guidance.

- Hearing Aid Services Provider Manual at:
http://dhhs.ne.gov/medicaid/Pages/med_phhear.aspx
- Provider Bulletins at http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx

Call the NMES Line: 1-800-642-6092 for client's Medicaid eligibility & enrollment in Managed Care. Call the Inquiry Line, 1-877-255-3092 for hearing aid limitations or claims-status questions. See Provider Information: http://dhhs.ne.gov/medicaid/Pages/med_provhme.aspx

For hearing aid policy issues, contact: DHHS.hearingAid@nebraska.gov

Only the listed HCPCS codes are covered by NE Medicaid. Only Hearing Aid services correctly categorized under these HCPCS codes are covered. These are organized numerically and indicate coverage, maximum payment amount and special billing instructions. Claims must be in compliance with NE Medicaid Policies for payment to occur. Payment is the lesser amount of the maximum allowable amount or the provider's submitted charge.

Medicaid does not pay separately for provider's mileage or postage, or supplier's shipping and handling; see dispensing fee.

Submitted charge for batteries must reflect provider's usual /customary charge to general public.

SPECIAL PRICING -

- A. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service and cost invoice (along with additional documentation, if applicable) must be included for review and pricing
- B. "IC" (Invoice Cost) - Paid at actual invoice cost, up to maximum allowable. An invoice must be attached to the claim and reflect provider's actual cost minus any discounts, rebates or cost reductions.

MODIFIERS & BILLING TERMINOLOGY

- 1) Use RT for Right side and LT for Left side with monaural hearing aid codes and conformity evaluations.
- 2) Acronyms:
 - RIC-Receiver in canal
 - RITE-Receiver in the ear
- 3) Replacement: A replacement hearing aid is not a covered item. A subsequent or later hearing aid provided according to Criteria in 471 NAC 8-000 is not considered a replacement
 - a. All manufacturer and provider warranties must be pursued.
 - b. Hearing Aids replaced/repared under warranty are not a covered item.
 - c. Dispensing fees for hearing aids under warranty are a covered service, use RA modifier.
 - d. Hearing aids replaced (not under warranty) more frequently than every 4 years for adults (see 471NAC Chapter 8) and any related dispensing fees are not a covered item.

- 4) Repair: All manufacturer and provider warranties must be pursued. Repair involves fixing or replacement any of all of the interior/exterior components including the outer shell (recase).
 - a. If at any time the manufacturer's usual business practice is to provide a replacement when it is more practical than a repair, the provider will submit a claim for a repair because it was sent to the manufacturer for repair.
 - b. Use V5014 when billing an outside-lab's/manufacturer's actual cost invoice for a repair to a hearing aid,
 - c. Use the RB modifier with V5160 or V5241, when billing a dispensing fee in conjunction with a repair to a hearing aid by an outside Lab/ manufacturer.
- 5) V5020 Conformity Evaluation is a hearing aid check performed for the purpose of evaluating the performance of the hearing aid, evaluating the benefit to the client and assuring the unit continues to meet the original prescription and benefit to the client.
- 6) RIC/RITE based on Manufacturer's invoice may be included in the cost of the aid. If billed separately, those at \$45.00 or less use V5267; and those over \$45.00 /aid, need both modifier 22 and prior authorization.
- 7) For equipment related to cochlear implants, other than V5273, See Durable Medical Equipment Prosthetics, Orthotics and Supplies Fee Schedule.
- 8) Assistive Listening Devices used with Hearing Aids to control the environment or other equipment, e.g. FM receivers, are not covered in this chapter.
- 9) Dispensing fee is all-inclusive of the provider's services, incurred with the costs of providing the hearing aid(s), repairs, ear molds, and initial batteries (to allow aids to work). These services include but are not limited to: conformity evaluation(s), checking aid, shipping & handling costs. Only additional batteries are billed separately.
- 10) Returns are between the provider & client. Any payment adjustments related to a return must be completed according to the Payment Adjustment Policy; see 471NAC 3-000.
- 11) Submit authorization requests ONLY for items needing authorization.

HEARING SERVICES V5000 – V5999

Modifier	Description
RA	Replacement ear molds and dispensing fee when under warranty
RB	Repair of aid
RT	Right ear
LT	Left ear
22	(Special) ear mold/insert for RIC/RITE not included with aid on invoice

Code	Modifier	Description	Prior Authorization for ages 20 and under	Prior Auth for ages 21+ y/o	Medicaid Maximum Allowable	Comments
V5014		Repair/modification of aid (by outside lab/manufacture)	Over \$150	Over \$150	IC	.
V5020	RT	Conformity evaluation			\$21.40	Right aid;1 unit of service for 1 aid
V5020	LT	Conformity evaluation			\$21.40	Left aid;1 unit of service for 1 aid
V5030	RT	Hearing Aid, Monaural, body worn air conduction; right ear	Always	Over \$500.00	IC up to \$741.11	
V5030	LT	Hearing Aid, Monaural, body worn, air conduction; Left Ear	Always	Over \$500.00	IC up to \$741.11	
V5040	RT	Hearing Aid, Monaural; body worn, bone conduction; Right Ear	Always	Over \$500.00	IC up to \$741.11	
V5040	LT	Hearing Aid, Monaural; body worn, bone conduction; Left Ear	Always	Over \$500.00	IC up to \$741.11	
V5050	RT	Hearing Aid , monaural in the Right Ear	Always	Over \$500	IC up to \$741.11	includes RITE/RIC ear pieces if priced on invoice as part of aid.
V5050	LT	Hearing aid, monaural, in the Left Ear	Always	Over \$500	IC up to \$741.11	IC; includes RITE/RIC ear pieces if priced on invoice as part of aid.
V5060	RT	Monaural, behind the Right Ear	Always	Over \$500	IC up to \$741.11	IC; includes RITE/RIC ear pieces if priced on invoice as part of aid.
V5060	LT	Monaural, behind the Left Ear	Always	Over \$500	IC up to \$741.11	IC; includes RITE/RIC ear pieces if priced on invoice as part of aid.
V5070		Glasses, Air conduction	Always	Over \$500.00	IC up to \$741.11	
V5080		Glasses, bone Conduction	Always	Over \$500.00	IC up to \$741.11	
V5100		Hearing Aid, bilateral, body worn	Always	Over \$1,000.00	IC up to \$1482. 23	

Code	Modifier	Description	Prior Authorization for ages 20 and under	Prior Auth for ages 21+ y/o	Medicaid Maximum Allowable	Comments
V5120		Binaural, body worn	Always	Over \$1,000.00	IC up to \$1482.23	
V5130		Binaural, in the ear	Always	Over \$1000	IC up to \$1482.23	includes RITE/RIC ear pieces if priced on invoice as part of aid. 1 unit = 2 aids
V5140		Binaural, behind the ear	Always	Over \$1000	IC up to \$1482.23	includes RITE/RIC ear pieces if priced on invoice as part of aid. 1 unit = 2 aids
V5150		Binaural, glasses	Always	Over \$1,000.00	IC up to \$1482.23	
V5160		Dispensing fee, binaural			\$550.92	2 aids = 1 unit
V5160	RB	Dispensing fee, binaural, repair;			\$107.63	Repair of 2 aids = 1 unit
V5160	RA	Dispensing fee, binaural replacement under warranty			\$107.63	No payment to manufacturer; attach invoice
V5241		Dispensing fee, monaural hearing aid, any type,			\$275.47	1 aid = 1 unit
V5241	RB	Dispensing fee, monaural hearing aid, any type; repair,			\$53.81	1 aid = 1 unit
V5241	RA	Dispensing fee, monaural hearing aid, any type; replacement under warranty			\$53.81	No payment to manufacturer; attach invoice.
V5264		Ear mold/insert, not disposable, any type including RIC/RITE when not part of hearing aid, on invoice			up to \$45.00	IC; for impressions see V5275.
V5264	22	Ear mold/insert with receiver in the ear; RIE or RITE over \$45.00/ ear, when not part of hearing aid invoice	Always	Always		
V5266		Battery for use in hearing device; each			\$1.08	Up to (32 units per claim) 1 battery = 1 unit Pharmacies can submit under their DMEPOS taxonomy, see DMEPOS Fee Schedule

Code	Modifier	Description	Prior Authorization for ages 20 and under	Prior Auth for ages 21+ y/o	Medicaid Maximum Allowable	Comments
V5267		Hearing Aid supplies/ accessories; (items not dispensed with the initial aid ; e.g. dry brick , case, wax guards)			IC	Prior Authorize over \$150.
V5273		Assistive listening device for use with Cochlear implant	Always	Always	IC	Prior Authorize; all other related equipment see DMEPOS Fee Schedule.
V5275	RA	Ear Impression, each, <u>Replacement</u>			\$20.45	
V5298		Hearing aid, not otherwise classified (Pocket Talker, only)	Always	Over \$500.00	IC	Prior Authorize over \$500.00.
V5299		Hearing Services, Miscellaneous; (minor cleaning, repair & replacement of minor parts by the provider			BR	Prior authorize over \$150; For batteries use V5266